

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number		Report Filed I (Mark X)	By Candida	te	Committee		Lobbyist
Name of Filing Committee, Ca Lobbyist	ndidate or	m; ch	a-el	Colon			
Street Address		215	U. Bra			4	
City R-et	tolchem		State	PA	Zip Code	18018	
Type of Report (Place x under	report type)						
1- 6 th Tuesday 2- 2 nd Friday Pre-Primary Pre-Primary		4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
					X		
Date Of Election		Year		Amendment		Termination	
(MM/DD/YYYY)				Report		Report	
Summary of Receipts and Expenditures	From Date	To Date	е		For	Office Use Only	
Expelicitales	1/1/16	121	31/16				
A. Amount Brought Forward F	rom Last Report	\$ 0	71/18		1 11121		
B. Total Monetary Contribution	ns and Receipts	\$ D					
(From Schedule I) C. Total Funds Available		(
(Sum of Lines A and B)) p					
D. Total Expenditures	•	\$ 0					
(From Schedule III) E. Ending Cash Balance		1					
(Subtract Line D from Line C)		\$ D					
F. Value of In-Kind Contribution (From Schedule II)	ns Received	\$ 0					
G. Unpaid Debts and Obligation (From Schedule IV)	ns	\$ 0					
		Control to Manufacture Manufacture	Affidavit Sec				

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number	Michael	Colon	

1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (1)	\$	δ
		0
2. Contributions of \$50.01 to \$250.00 (From		
Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	
		D
All Other Contributions (Part B)	\$	
	<u> </u>	D
Total for the reporting period (2)	\$	
		<i>D</i>
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	
		<i>ð</i>
All Other Contributions (Part D)	\$	D
Total for the reporting period (3)	\$	
(5)	~	
6 Other Bessints Refunds Interest Formed Returned Charles FTC (Farm Bank F)		
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
	Γċ	
Total for the reporting period (4)	\$	δ
Total Monetary Contributions and Receipts during this reporting period (Add and	\$	
enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)		0
,		

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00 Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification Number

Filer Ide	Filer Identification Number Michael Colon									
					Amount					
Full Na	me of Contributing		1. Comment of the com	Date [MM/DD/YYYY]	\$					
Commi										
House	Street A	ddress		Date [MM/DD/YYYY]	\$					
City		State	Zip Code	Date [MM/DD/YYYY]	\$					
Full Na Commi	me of Contributing ttee			Date [MM/DD/YYYY]	\$					
House	Street A	ddress		Date [MM/DD/YYYY]	\$					
City		State	Zîp Code	Date [MM/DD/YYYY]	\$					
Full Na	ne of Contributing	5-3-18-00-c	A Walled Town	Date [MM/DD/YYYY]	\$					
Commi	ttee									
House i	Street A	ddress		Date [MM/DD/YYYY]	\$					
City		State	Zip Code	Date [MM/DD/YYYY]	\$					
Full Nai Commi	ne of Contributing Itee			Date [MM/DD/YYYY]	\$					
House #	Street A	ddress		Date [MM/DD/YYYY]	\$					
City		State	Zip Code	Date [MM/DD/YYYY]	\$					
Full Nar Commi	ne of Contributing tee			Date [MM/DD/YYYY]	\$					
House #	Street A	ddress		Date [MM/DD/YYYY]	\$					
City		State	Zip Code	Date [MM/DD/YYYY]	\$					
Full Nar	ne of Contributing			Date [MM/DD/YYYY]	\$					
Commit	tee	44								
House #	Street Ad			Date [MM/DD/YYYY]	\$					
City		State	Zip Code	Date [MM/DD/YYYY]	\$					



PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:	.0 1	,			
	Michael	Colon			

44			-					
Full Na	me of Contributor					Date [MM/DD/YYYY]	\$	
House	#	et Address				D=4= [8484/DD /9999/]	-	
nouse	"	et Address				Date [MM/DD/YYYY]	\$	
City	T		State	Zip Code	T	Date [MM/DD/YYYY]	\$	
,	1					Date [mm/DD/1111]	┦ 🍆	
	J				J			
Full Na	me of Contributor					Date [MM/DD/YYYY]	\$	
11	44					To the form to a series	<u> </u>	
House	# Stre	et Address				Date [MM/DD/YYYY]	\$	
City	1		State	Zip Code		Date [MM/DD/YYYY]	\$	
City			3.5.6	zip code	}	Date [MIM/DD/1111]	"	
Full Na	me of Contributor					Date [MM/DD/YYYY]	\$	
							1	
		<u> </u>						
House !	# Stre	et Address				Date [MM/DD/YYYY]	\$	
		ĺ						
City	1		State	Zip Code		Doto Fasta /DD /V0000	_	
City			State	Zip Code		Date [MM/DD/YYYY]	\$	
				ĺ				
= 11.51					· · · · · · · · · · · · · · · · · · ·			
i Full Nar	me of Contributor					Date [MM/DD/VVVVI	١ ٥	
Full Nar	me of Contributor					Date [MM/DD/YYYY]	\$	
Full Nar	me of Contributor					Date [MM/DD/YYYY]	\$	
House #		eet Address			The state of the	Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$	
		eet Address			72.00			
House #		eet Address				Date [MM/DD/YYYY]	\$	
		eet Address	State	Zip Code				
House #		eet Address	State	Zip Code		Date [MM/DD/YYYY]	\$	T
House #		eet Address	State	Zip Code		Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$	τ
House #	# Stre	eet Address	State	Zip Code		Date [MM/DD/YYYY]	\$	Έ
House #	# Stre	eet Address	State	Zip Code		Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$	T
House #	# Stre	et Address	State	Zip Code		Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$	T .
House #	# Stre		State	Zip Code		Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$	T
House #	# Stre					Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$	T
House #	# Stre		State	Zip Code		Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$	
House #	# Stre					Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$	
Full Nar House #	# Stre					Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$	
Full Nar House #	# Stre					Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$	
Full Nar House #	# Stre					Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$	
Full Nar House #	# Stre	et Address				Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$	
Full Nar City City Full Nar	# Stre					Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$	
Full Nar City Full Nar House #	# Stre	et Address		Zip Code		Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$	
Full Nar City City Full Nar	# Stre	et Address				Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$	
Full Nar City Full Nar House #	# Stre	et Address	State	Zip Code		Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$ \$	



PART C

Contributions Received From Political Committees

Over \$250.00

Filer Identification Number:

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

		Mich	ael Co	lon			
	•						
Full Na	me of					Date [MM/DD/YYYY]	\$
	uting Committe	ee					
House #	#	Street Address				Date [MM/DD/YYYY]	\$
City		1	State	Zip Code		Date [MM/DD/YYYY]	\$
Full Nar	me of					Date [MM/DD/YYYY]	\$
Contrib	uting Committe	ee					
House #	#	Street Address				Date [MM/DD/YYYY]	\$
City			State	Zip Code		Date [MM/DD/YYYY]	\$
Full Nar	ne of			•		Date [MM/DD/YYYY]	\$
Contrib	uting Committe	ee					
House #	#	Street Address				Date [MM/DD/YYYY]	\$
City			State	Zip Code		Date [MM/DD/YYYY]	\$
Full Nar						Date [MM/DD/YYYY]	\$
	uting Committe						
House #	!	Street Address			**	Date [MM/DD/YYYY]	\$
City			State	Zip Code		Date [MM/DD/YYYY]	\$
Full Nar						Date [MM/DD/YYYY]	\$
Contrib	uting Committe	ee					
House #		Street Address				Date [MM/DD/YYYY]	\$
City			State	Zip Code	<u> </u>	Date [MM/DD/YYYY]	\$
City			Jale	Zip Code		Date [WW/DD/TTY]	3
Full Nan						Date [MM/DD/YYYY]	\$
Contrib	uting Committe	e					
House #		Street Address				Date [MM/DD/YYYY]	\$
City			State	Zip Code		Date [MM/DD/YYYY]	\$
1			1 1		1		



PART D

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

Filer Ide	ntification Numbe	m,	chazl	Calon		
Full Nor	ne of Contribut	~			Date [MM/DD/YYYY]	\$
ruii Ivai	ne or contribut				Date [MM/DD/1111]	
House #	#	Street Address			Date [MM/DD/YYYY]	\$
City	1 1		State	Zip Code	Date [MM/DD/YYYY]	\$
Employ	er Name				Occupation	
	er Mailing Addr al Place of Busin					
	ne of Contribut				Date [MM/DD/YYYY]	\$
House #	<i>*</i>	Street Address			Date [MM/DD/YYYY]	\$
City			State	Zip Code	Date [MM/DD/YYYY]	\$
Employ	er Name				Occupation	
	er Mailing Addr al Place of Busin					
Full Nan	ne of Contribut	or			Date [MM/DD/YYYY]	\$
House #	!	Street Address			Date [MM/DD/YYYY]	\$
City			State	Zip Code	Date [MM/DD/YYYY]	\$
Employ	er Name				Occupation	<u> </u>
	er Mailing Addr Il Place of Busin					
Full Nan	ne of Contribute	or			Date [MM/DD/YYYY]	\$
House #	S	treet Address	J		Date [MM/DD/YYYY]	\$

State

Employer Name

Employer Mailing Address / Principal Place of Business Zip Code



Date [MM/DD/YYYY]

Occupation

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Numb	micha.	el C &	olon	
		···		
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		<u>- L</u>		
Fuli Name				
	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			L	100 mg st
Full Name				
	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
	Street Address	-		
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		l		
				



SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number: Michael Colo	(
UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50	0.00 OR LESS PER CONTRIBUTOR
TOTAL for the reporting period (1)	\$ 6
2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.	00 (FROM PART F)
TOTAL for the reporting period (2)	\$ 0
3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM	// PART G)
TOTAL for the reporting period (3)	\$ 0
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)	\$ 0

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Ider	Filer Identification Number: Michael Colon								
Full Nan	ne of Contribu	itor			Date [MM/DD/YYYY]	\$			
House #		Street Address			Date [MM/DD/YYYY]	\$			
City			State	Zip Code	Date [MM/DD/YYYY]	\$			
Descript	tion of Contrib	ution							
			<u></u>						
Full Nan	ne of Contribu	tor			Date [MM/DD/YYYY]	\$			
House #		Street Address			Date [MM/DD/YYYY]	\$			
City			State	Zip Code	Date [MM/DD/YYYY]	\$			
Descript	tion of Contrib	ution							
Full Nan	ne of Contribut	tor	<u> </u>	· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY]	\$			
House #		Street Address			Date [MM/DD/YYYY]	\$			
City	1		State	Zip Code	Date [MM/DD/YYYY]	\$			
Descript	ion of Contrib	ution	1						
Full Nam	ne of Contribut	tor			Date [MM/DD/YYYY]	\$			
House #		Street Address			Date [MM/DD/YYYY]	\$			
City	1		State	Zip Code	Date [MM/DD/YYYY]	\$			
Descript	ion of Contrib	ution		<u>l</u>					
Full Nam	ne of Contribut	tor			Date [MM/DD/YYYY]	\$			
House #		Street Address			Date [MM/DD/YYYY]	\$			
City		1.	State	Zip Code	Date [MM/DD/YYYY]	\$			
Descript	ion of Contribu	ution							



SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:	Michael Calon	
	MICHAEL COLON	

Full Name	of Contributor						Date [MM/DD/	/YYYY]	\$	
House #	Str	eet Address					Date [MM/DD/	/YYYY]	\$	
City		·	State		Zip Code		Date [MM/DD/	/YYYY]	\$	
Employer N	Name				1		Occupation			
Employer N Place of Bu	Mailing Address usiness	/ Principal		_			Description of Contribution			
Full Name	of Contributor						Date [MM/DD/	/ YYYY]	\$	
House #	Stre	et Address					Date [MM/DD/	/ YYYY]	\$	
City	,		State		Zip Code		Date [MM/DD/	/YYYY]	\$	
Employer N	Name			<u> </u>	1	1	Occupation		11	
Employer N Place of Bu	Mailing Address usiness	/ Principal					Description of Contribution			
Full Name o	of Contributor		1				Date [MM/DD/	YYYY]	\$	
		et Address								
House #		et Address					Date [MM/DD/	YYYYY]	\$	
		et Address	State		Zip Code			YYYYY]		
House # City Employer N	Stre		State		Zip Code		Date [MM/DD/	YYYYY]	\$	
House # City Employer N	Stre Name Mailing Address		State		Zip Code		Date [MM/DD/	YYYYY]	\$	
City Employer N Employer N Place of Bu	Stre Name Mailing Address		State		Zip Code		Date [MM/DD/ Date [MM/DD/ Occupation Description of	/YYYY] /YYYY]	\$	
City Employer N Employer N Place of Bu	Name Mailing Address siness of Contributor		State		Zip Code		Date [MM/DD/ Date [MM/DD/ Occupation Description of Contribution	/YYYY] /YYYY]	\$	
Employer N Employer N Place of Bus Full Name of House #	Name Mailing Address siness of Contributor	/ Principal	State		Zip Code		Date [MM/DD/ Date [MM/DD/ Occupation Description of Contribution Date [MM/DD/ Date [MM/DD/	/YYYY] /YYYY] /YYYY]	\$	
Employer N Employer N Place of Bus Full Name of House #	Name Mailing Address siness of Contributor	/ Principal et Address					Date [MM/DD/ Date [MM/DD/ Occupation Description of Contribution Date [MM/DD/	/YYYY] /YYYY] /YYYY]	\$ \$	



Statement of Expenditures

Filer Identification Number:	Michael	Colon		

To W	hom Paid		,				Date [MM/DD/\	/YYY]	\$	
House	e #	Street Address					Description of E	xpend	iture	
City			State		Zip Code					
To W	hom Paid						Date [MM/DD/Y	(YYY]	\$	
House	e #	Street Address				·	Description of Ex	xpendi	ture	<u> </u>
City			State		Zip Code					
To W	hom Paid						Date [MM/DD/Y	/YYY]	\$	
House	e#	Street Address					Description of Ex	kpendi	ture	
City			State		Zip Code					
To W	hom Paid			,			Date [MM/DD/Y	YYY]	\$	
House	2 #	Street Address					Description of Ex	kpendi	ture	
City			State		Zip Code					XXX
To WI	nom Paid						Date [MM/DD/Y	YYY]	\$	
House	2#	Street Address		.,, .,			Description of Ex	cpendi	ture	
City	75		State		Zip Code					
To Wi	nom Paid						Date [MM/DD/Y	YYY]	\$	
House	:#	Street Address		- 1.1		·	Description of Ex	pendi	ture	
City			State		Zip Code					
To Wh	nom Paid			55. 59			Date [MM/DD/Y	YYY]	\$	
House	:#	Street Address					Description of Ex	pendit	ture	
City			State		Zip Code					
To Wh	om Paid						Date [MM/DD/Y	YYY]	\$	
House	#	Street Address		•			Description of Ex	pendit	ture	
City			State		Zip Code					



SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number:

	itification Number:	Mich	ael Colón	· · · · · · · · · · · · · · · · · · ·	
Name of	f Creditor				Outstanding Balance of Debt
House #	· · · · · · · · · · · · · · · · · · ·	eet Address	-	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City			State	Zip Code	
Descript	ion of Debt				
Name of	Creditor				Outstanding Balance of Debt
House #	Stre	et Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		1	State	Zip Code	
Descripti	ion of Debt				
Name of	Creditor				Outstanding Balance of Debt
House #	Stre	et Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City			State	Zip Code	
	ion of Debt				
Namacs					Outstanding Balance of Daht
	Creditor				Outstanding Balance of Debt
House #		et Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
House #	Stre	et Address	State		
House #		et Address	State	[MM/DD/YYYY]	
House # City Descripti Name of	ion of Debt Creditor	et Address	State	[MM/DD/YYYYY] Zip Code	
House # City Descripti	ion of Debt Creditor	et Address et Address	State	[MM/DD/YYYY]	\$
House # City Descripti Name of House #	ion of Debt Creditor Stree		State	[MM/DD/YYYY] Zip Code DATE DEBT INCURRED	\$ Outstanding Balance of Debt
House # City Descripti Name of House #	ion of Debt Creditor			Zip Code DATE DEBT INCURRED [MM/DD/YYYY]	\$ Outstanding Balance of Debt
House # City Descripti Name of House #	Stree Stree			Zip Code DATE DEBT INCURRED [MM/DD/YYYY]	\$ Outstanding Balance of Debt
House # City Descripti Name of House # City Descripti	on of Debt Creditor Street Street Creditor			Zip Code DATE DEBT INCURRED [MM/DD/YYYY]	Outstanding Balance of Debt
House # City Descripti Name of House # City Descripti Name of House #	on of Debt Creditor Street Street Creditor	et Address		Zip Code DATE DEBT INCURRED [MM/DD/YYYY] Zip Code DATE DEBT INCURRED	Outstanding Balance of Debt \$ Outstanding Balance of Debt





Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	Report Filed By (Mark X)	Candidate	Committee	X	Lobbyist	
Name of Filing Committee, Candidate or Lobbyist	Friends	Friands of Michael Colon				
Street Address	11 W. 212					
City Bathlahar	n	State PA	7in Code	8015		
Type of Report (Place x under report type)						
1- 6 th Tuesday 2- 2 nd Friday 3- 30 Day Post Pre-Primary Primary Primary		Friday 6-30 Day Po Election Election	1 1 7	ecial 2 nd Friday e-Election	Special 30 Day Post-Election	
			X			
Date Of Election (MM/DD/YYYY)	Year	Amendmen Report	. 1 1 1 1	rmination port		
Summary of Receipts and Expenditures	To Date	116	For Offic	e Use Only		
A. Amount Brought Forward From Last Report	\$ 144.	84			- 55	
B. Total Monetary Contributions and Receipts (From Schedule I)	43.8	34				
C. Total Funds Available (Sum of Lines A and B)	\$ 638.	68				
D. Total Expenditures (From Schedule III)	\$ 158	84			10	
E. Ending Cash Balance (Subtract Line D from Line C)	\$ 479.	84			ы	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0			6	
G. Unpaid Debts and Obligations (From Schedule IV)	\$ A ≥ A	D Edavit Section				

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number Friends of Micha	حر'	Colón
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (1)	\$	
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	•	
Contributions Received from Political Committees (Part A)	\$	D
All Other Contributions (Part B)	\$	475.00
Total for the reporting period (2)	\$	475.00
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	D
All Other Contributions (Part D)	\$	0
Total for the reporting period (3)	\$	D
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)	\$	18.54
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)	\$	18.84

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00 Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Idei	ntification Number	FIR	ads	of m	interd	Colon		
							Amount	
Full Nar Commit	ne of Contributing ttee					Date [MM/DD/YYYY]	\$	
House #	Stree	et Address				Date [MM/DD/YYYY]	\$	
City			State	Zip Code		Date [MM/DD/YYYY]	\$	
Commit						Date [MM/DD/YYYY]	\$	
House #	Stre	et Address				Date [MM/DD/YYYY]	\$	
City			State	Zip Code		Date [MM/DD/YYYY]	\$	186
Commit						Date [MM/DD/YYYY]	\$	
House #	Stree	et Address				Date [MM/DD/YYYY]	\$	
City			State	Zip Code		Date [MM/DD/YYYY]	\$	
Full Nar Commit	ne of Contributing tee					Date [MM/DD/YYYY]	\$	71217
House #	Stree	et Address				Date [MM/DD/YYYY]	\$	
City			State	Zip Code		Date [MM/DD/YYYY]	\$	
Full Nar Commit	ne of Contributing tee					Date [MM/DD/YYYY]	\$	
House #	Stree	et Address				Date [MM/DD/YYYY]	\$	
City			State	Zip Code		Date [MM/DD/YYYY]	\$	
Commit						Date [MM/DD/YYYY]	\$	
House #	Stree	et Address				Date [MM/DD/YYYY]	\$	
City			State	Zip Code		Date [MM/DD/YYYY]	\$	



PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number: Trads of Michael Colon						
Full Name of Contributor E & S House # S 7 1 3 Street Addre	Elizabeth C	ollms-Colon	Date [MM/DD/YYYY]	5 11/9/16		
House # 8713 Street Addre	Grady	Dr	Date [MM/DD/YYYY]	\$ 225.00		
City Brainissuil	C State PA Zip	Code 18231	Date [MM/DD/YYYY]	\$		
Full Name of Contributor	an and Milia	- Zla Smith	11/9/2016	\$ 250.00		
■ House # \can - a & d d - a	Charles E	soyle PL	Date [MM/DD/YYYY]	\$		
City Fl Paso	State TX Zip	Code 79934	Date [MM/DD/YYYY]	\$		
Full Name of Contributor			Date [MM/DD/YYYY]	\$		
House # Street Addre	ss	100 de 2 m v. m	Date [MM/DD/YYYY]	\$		
City	State Zip	Code	Date [MM/DD/YYYY]	\$		
Full Name of Contributor		· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY]	\$		
House # Street Addre	ss		Date [MM/DD/YYYY]	\$		
City	State Zip	Code	Date [MM/DD/YYYY]	\$		
Full Name of Contributor			Date [MM/DD/YYYY]	\$		
House # Street Addre	ss		Date [MM/DD/YYYY]	\$		
City	State Zip	Code	Date [MM/DD/YYYY]	\$		
Full Name of Contributor			Date [MM/DD/YYYY]	\$		
House # Street Addre	ss		Date [MM/DD/YYYY]	\$		
City	State Zip	Code	Date [MM/DD/YYYY]	\$		

PART C

Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Filer Ide	ntification Number:	Frr	ends	of mi	charl	Colon		
						_		
Full Na	me of					Date [MM/DD/YYYY]	\$	
Contrib	uting Committee							
House	# Str	eet Address				Date [MM/DD/YYYY]	\$	
1								
City		•	State	Zip Code		Date [MM/DD/YYYY]	\$	
Full Na	me of	T			l	Date [MM/DD/YYYY]	\$	
	uting Committee					Date (WW/DD/TTT)		
House i	# Str	eet Address				Date [MM/DD/YYYY]	\$	
City		<u>'</u>	State	Zip Code		Date [MM/DD/YYYY]	\$	
		·		<u> </u>				
Full Na	me of uting Committee					Date [MM/DD/YYYY]	\$	
House i	4	eet Address				Date [MM/DD/YYYY]	\$	
nouse	5.0	eet Address				Date [WW/DD/1111]	7	
City			State	Zip Code		Date [MM/DD/YYYY]	\$	
Full Nar Contrib	ne of uting Committee					Date [MM/DD/YYYY]	\$	
House #	# Str	eet Address				Date [MM/DD/YYYY]	\$	
City			State	Zip Code		Date [MM/DD/YYYY]	\$	
'								
Full Nar	ne of		·	<u>`</u>		Date [MM/DD/YYYY]	\$	
Contrib	uting Committee							
House #	Str	eet Address				Date [MM/DD/YYYY]	\$	-
								:
City			State	Zip Code		Date [MM/DD/YYYY]	\$	
Full Nar	ne of	 				Date [MM/DD/YYYY]	\$	
	uting Committee					Date [WW/DD/1111]	7	
House #	Str	eet Address				Date [MM/DD/YYYY]	\$	
City			State	Zip Code		Date [MM/DD/YYYY]	\$	



PART D

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

Filer Identification Number:

Full Nan	ne of Contribu	tor			Date [MM/DD/YYYY]	\$
House #		Street Address			Date [MM/DD/YYYY]	\$
City		1	State	Zip Code	Date [MM/DD/YYYY]	\$
Employe	er Name				Occupation	1 1
	er Mailing Add I Place of Busi			1,000		
Full Nam	ne of Contribu	tor			Date [MM/DD/YYYY]	\$
House #		Street Address		American Associate Associates	Date [MM/DD/YYYY]	\$
City		<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	\$
Employe	er Name			,	Occupation	
	er Mailing Add I Place of Busi					
	ne of Contribu				Date [MM/DD/YYYY]	\$
House #		Street Address			Date [MM/DD/YYYY]	\$
City		<u></u> <u>I</u>	State	Zip Code	Date [MM/DD/YYYY]	\$
Employe	r Name				Occupation	.1
	r Mailing Add Place of Busin					
Full Nam	e of Contribut	or			Date [MM/DD/YYYY]	\$
House #		Street Address		-	Date [MM/DD/YYYY]	\$
City	·		State	Zip Code	Date [MM/DD/YYYY]	\$
Employe	r Name		1		Occupation	
	r Mailing Addı Place of Busir					



PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number:	Friza ds of	Michae	1 Colon
Full Name	PNC Bonk		
House # Str	eet Address		
City	State	Zip Code	Date [MM/DD/YYYY] \$ 18.84
Receipt Description	Bonk Service	1 Refund	, ,
Full Name			
House # Str	eet Address		
City	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			
Full Name			
House # Str	eet Address		
City	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		F	
Full Name		* 3() (0)	
House # Str	eet Address		
City	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			
Full Name			
	eet Address		
City	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			
Full Name			
House # Stro	eet Address		
City	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	85 - 85	1	
ST.			TANKANA TANKAN TANKA

\$ 18.84

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number:	Michael Colon
UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50	0.00 OR LESS PER CONTRIBUTOR
TOTAL for the reporting period (1)	\$ 0
2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.0	00 (FROM PART F)
TOTAL for the reporting period (2)	\$ D
3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM	I PART G)
TOTAL for the reporting period (3)	\$ D
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)	\$ 0

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	roads a	of Michael	Colón			
Full Name of Contributor			Date [MM/DD/YYYY]	\$		
House # Street Address			Date [MM/DD/YYYY]	\$		
City	State	Zip Code	Date [MM/DD/YYYY]	\$		
Description of Contribution						
Full Name of Contributor			Date [MM/DD/YYYY]	\$		
House # Street Address			Date [MM/DD/YYYY]	\$		
City	State	Zip Code	Date [MM/DD/YYYY]	\$		
Description of Contribution		1				
Full Name of Contributor			Date [MM/DD/YYYY]	\$		
House # Street Address			Date [MM/DD/YYYY]	\$		
City	State	Zip Code	Date [MM/DD/YYYY]	\$		
Description of Contribution						
Full Name of Contributor			Date [MM/DD/YYYY]	\$		
House # Street Address			Date [MM/DD/YYYY]	\$		
City	State	Zip Code	Date [MM/DD/YYYY]	\$		
Description of Contribution						
Full Name of Contributor		Date [MM/DD/YYYY]	\$			
House # Street Address			Date [MM/DD/YYYY]	\$		
City	State	Zip Code	Date [MM/DD/YYYY]	\$		
Description of Contribution						



SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:	rds of	Michael C	olón
------------------------------	--------	-----------	------

Full Nan	ne of Contribu	itor			Date [MM/DD/YYYY] \$	
		1				
				Day fees (DD boood)		
House #	[‡]	Street Address			Date [MM/DD/YYYY] \$	
City			State	Zip Code	Date [MM/DD/YYYY] \$	
,						
Employe	er Name		-		Occupation	
Employ	er Mailing Add	dress / Principal	+		Description	
	Business	11000 / 111111-1-			of	
					Contribution	
Full Nan	ne of Contribu	itor			Date [MM/DD/YYYY] \$	
House #	;	Street Address			Date [MM/DD/YYYY] \$	
City			State	Zip Code	Date [MM/DD/YYYY] \$	
City			State	Zip Code	pate familiant 1111	
Employe	er Name				Occupation	
Employe	er Mailing Add	dress / Principal			Description	
	Business				of	
					Contribution	
Full Nan	ne of Contribu	itor			Date [MM/DD/YYYY] \$	
	. 1	,			no fees Inn boond	
House #	1	Street Address			Date [MM/DD/YYYY] \$	
City			State	Zip Code	Date [MM/DD/YYYY] \$	
Employe	er Name				Occupation	
Employe	er Mailing Add	dress / Principal			Description	
	Business				of	
				· · · · · · <u></u>	Contribution	
Full Nan	ne of Contribu	tor			Date [MM/DD/YYYY] \$	
House #	1	Street Address			Date [MM/DD/YYYY] \$	
	j					
City			State	Zip Code	Date [MM/DD/YYYY] \$	
,					7	
Employe	er Name				Occupation	
Employe	er Mailing Add	dress / Principal	+		Description	
	Business	, , , , , , , , , , , , , , , , , , , ,			of	
Place of						

SCHEDULE III

Statement of Expenditures

Filer Identification Number:	Friends	of	Michael	Colon	

To Whom Paid) 10		Date [MM/DD/YYYY] \$ /7
10 Whom Paid PNZ	3 cn/C		1/4/2016 19, 20 Description of Expenditure
House # Street Address			Description of Expenditure
City	State	Zip Code	Book Service Fee
To Whom Paid	2.0		Date [MM/DD/YYYY] \$
2 PNCB	4/C		2/1/2216 14, UD Description of Expenditure
House # Street Address			Description of Expenditure
City	State	Zip Code	Bink Service Fer
To Whom Paid PNL P	Son R	· ·	Date [MM/DD/YYYY] \$ 3/1/2016 14, UD Description of Expenditure
House # Street Address	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		Description of Expenditure
City	State	Zip Code	Bank Service Fez
To Whom Paid	3		Date [MM/DD/VVVV] \$
To Whom Paid PN 2	Bunk		4/1/2016 14.00
House # Street Address			Description of Expenditure
City	State	Zip Code	Bank SERVICE 877
To Whom Paid FN L B	16		Date [MM/DD/YYYY] \$ 5/2/2012 14.67
	16n K	· · · ·	5/2/2016 14.00
House # Street Address			Description of Expenditure
City	State	Zip Code	Bonh Sente Fez
To Whom Paid PNL B	, . Y/		Date [MM/DD/YYYY] \$ 14.27
House # Street Address	GNIC		Description of Expenditure
		,	
City	State	Zip Code	Bak Senter Fee
To Whom Paid	3 mr		Date [MM/DD/YYYY] \$ 14 27)
House # Street Address			Description of Expenditure
City	State	Zip Code	Bank Service Fez
To Whom Paid	2/		Date [MM/DD/YYYY] \$
	o en K		8/1/2016 14.00
House # Street Address			Description of Expenditure
City	State	Zip Code	Bank Savira Fee

\$112

SCHEDULE III

Statement of Expenditures

Filer Identific	ation Number:	real of	Miche c	1 Colon
To Whom P	PNL	Benk		9/1/701b \$ 14.20
House #	Street Address			Description of Expenditure
City		State	Zip Code	Bank Service Fee
To Whom P	aid PNZ 1	3 cm/		Date [MM/DD/YYYY] \$ 14.00
House #	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom P	aid PN 2 7:	Bank	·	Date [MM/DD/YYYY] \$ 4.54
House #	Street Address			Description of Expenditure
City		State	Zip Code	Bonk Servizz Fee
To Whom P	PN2	Bank		13 on 2 Selv. 27 Fee Date [MM/DD/YYYY] \$ 17.00 Description of Expenditure
House #	Street Address	· · · · · · · · · · · · · · · · · · ·		Description of Expenditure
City		State	Zip Code	Bank Service Fee
To Whom P	aid			Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom P	aid			Date [MM/DD/YYYY] \$
House #	Street Address		. ,	Description of Expenditure
City		State	Zip Code	
To Whom Pa	aid			Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom Pa	aid			Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City		State	Zip Code	

\$46.84

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number:	Friands o	f h	Here (Colon	

Name of Creditor				Outstanding Balance of Deb	t
House # Str	eet Address		DATE DEBT INCURRI [MM/DD/YYYY]	1 1	
City		State	Zip Code		
Description of Debt					
Name of Creditor				Outstanding Balance of Debi	t
House # Stro	eet Address		DATE DEBT INCURRI [MM/DD/YYYY]	ED \$	
City		State	Zip Code		
Description of Debt					
Name of Creditor				Outstanding Balance of Debt	t
House # Stre	eet Address		DATE DEBT INCURRE [MM/DD/YYYY]	ED \$	
City		State	Zip Code		
Description of Debt					
Name of Creditor				Outstanding Balance of Debt	t
House # Stre	eet Address		DATE DEBT INCURRE [MM/DD/YYYY]	ED \$	
City		State	Zip Code		
Description of Debt					
Name of Creditor				Outstanding Balance of Debt	t
House # Stre	eet Address		DATE DEBT INCURRE [MM/DD/YYYY]	ED \$	
City		State	Zip Code		
Description of Debt					
Name of Creditor				Outstanding Balance of Debt	
House # Stre	et Address		DATE DEBT INCURRE [MM/DD/YYYY]	ED \$	
City		State	Zip Code		
Description of Debt					

